

19 CV 5508

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Denver McFadden
Vs
City of New York
Bill DeBlasio (Mayor of New York)
New York Police Department
John O'Leary (NYPD Detective)
Steven Byrne (NYPD Detective)
William McLaughlin (NYPD Officer)
Unknown NYPD Police Officers
Bellevue Hospital
New York Department of Corrections

Tort Claim

Pursuant to 42 USC §1983

DOCUMENT

ELECTRONICALLY FILED

DOC#:

DATE FILED:

6-10-19

2019 JUN 11 PM 12:57
S.D.N.Y.
RECEIVED
SDNY INFO. OFFICE

I Denver McFadden do hereby bring forth the action above as a Pro Se movant. As such the court must liberally construe Plaintiff's submissions and interpret them "to raise the strongest arguments they suggest" Triestman v Fed. Bureau of Prisons, 470 F 3d 471, 474 (2 Cir. 2006).

Background

I was arrested near the entrance to the Lion King Theatre in New York City, New York on April 19, 2017 at appx 2:30 p.m. by Detectives from the New York Police Department (NYPD). Two of the NYPD detectives with which I have been able to identify are Steven Bryne and John O'Leary.

I was approached by both detectives and several uniformed and plain-clothes officers in front of the theatre. I was there to meet an individual I had met on the internet. As it turns out I was involved in a police sting. The officers pushed me hard into a concrete wall in front of the theatre and slammed my head into the concrete wall. I was not resisting arrest, they put cuffs on me after wrenching my arms behind my back. At this time my head was bleeding profusely. The officers then took me to the police station. At this time the officer's gave me some toilet paper to wipe the blood off of my head.

I was questioned for several hours in a room at the Police Station and then taken into another room where I was mirandized and questioned once more. This whole time I am bleeding from a head wound and in need of medical attention. Finally, after questioning I was taken to Bellevue Hospital. At Bellevue I was sat in the hallway and a Doctor gave me a cursory look but no actual exam was performed and told "He's ok". I was then taken back to the Police Station. At this point I have a severe headache and I am still bleeding from the head wound.

I asked for my medications for my heart, blood pressure, and nitro-glycerin but was given none. For the next 72 hours I was without my medications even though I repeatedly requested them. I spent the first night at this Police sub-station. The next day I was taken to Riker's Island Processing Station (They refused to take me the first night due to my injuries). While in the holding cell at Riker's Island I was robbed and beaten. I reported this to the intake officer's but they did nothing about it. I was in obvious pain and bleeding but they did nothing about it and offered no medical assistance at the Department of Corrections.

On the third day I was bonded out and spent that night at my son's home. I flew back home to Louisville, Kentucky the next day. Upon arriving home I went to see my Primary Care Physician, who then sent me to a neurologist for tests. I am now suffering from Traumatic Brain Injury as a direct result of the blow to my head during my arrest.

I am a 70 year old man, who suffers from a heart condition and high blood pressure. At the time of my arrest I was 68 years old with no mobility issues nor memory loss.

Claim

I am claiming officers used excessive force in the course of my arrest. This is an obvious **Fourth Amendment** violation of my civil rights under the reasonableness standard, see Graham v Connor, 490 U.S. 386, 395, 109 S Ct. 1865, 104 L. Ed. 2d 443 (1989); Brown v City of New York, 798 F 3d 94, 107 (2d Cir. 2015).

To support this claim I hold that the arresting officers slammed my head into a concrete wall and wrenched my arms behind my back causing a head injury and traumatic brain injury along with shoulder and arm pain. This was completely unnecessary to affect my arrest. I followed all commands by the officer's when I realized I was being arrested. There was no resistance nor any danger of me evading arrest as I was completely surrounded by approxamatley 12 police officers.

I am claiming **deliberate indifference** to medical needs against the arresting officers (John O'Leary, Steven Byrne, William McLaughlin, and other unknown NYPD officers), the New York Police Department, and the New York Department of Corrections.

To state a claim of deliberate indifference to medical needs, a plaintiff must allege (1) that he had an objectively "serious medical condition," and (2) that this condition was met with "deliberate indifference" on the part of the defendants. Cuoco v Moritsugu, 222 F.3d 99, 106 (sd Cir 2010).

To satisfy the first prong I have a serious heart condition and high blood pressure that requires a blood pressure meds and nitroglycerin to prevent a possibly fatal heart attack. In fact I was to keep the nitroglycerin medication with me at all times as I am prone to possiblty fatal heart attacks without warning.

To satisfy the second prong, I was held for 72 hours within the New York City Department of Corrections and in a holding cell in a NYPD Police Station holding cell with no access to my medications. I repeatedly asked to be given my medications but was denied thusly creating a possibly life threatening medical problem. Instead of my required medically necessary maintenance heart meds I was given a "anxiety" medication once in 72 hours. This created a medical and a psychological hardship upon myself.

I have included Bellevue Hospital in this claim of deliberate indifference. I was taken to this hospital for my injuries and placed into a hallway where medical staff failed to perform even a cursory exam to insure I was in no danger from my injuries. Instead the examining Physician merely glanced at me with absolutely no exam and stated "He's ok". This was a complete failure on the part of the attending physician to treat a serious injury to a elderly patient in obvious pain and with an obvious injury to the head.

Claim for Damages

I now suffer from traumatic brain injury as proven by examinations and tests performed by both my Primary Care Physician and by a Neurologist exam. I also have a pinched nerve, severe headaches, and mobility issues and in fact now must rely on a cane to aid in walking. All of these injuries are directly attributable to the injuries I sustained from the excessive force used during my arrests and exasperated by the deliberate indifference of the Department of Corrections, NYPD Officers, and Bellevue Hospital.

I am claiming the following damages involved in this claim as to monetary responsibility:

*City of New York and Bill DeBlasio (Mayor of New York)

Punitive Damages: \$2,000,000.00

Pain and suffering: \$2,500,000.00

Medical Treatment: \$500,000.00

Total: \$5,000,000.00

*Police Officers of New York Police Department and New York Police
Department

Punitive Damages: \$10,000,000.00

Pain and Suffering: \$12,500,000.00

Medical Treatment: \$2,500,000.00

Total: \$25,000,000.00

*Bellevue Hospital

Punitive Damages: \$2,000,000.00

Pain and Suffering: \$2,500,000.00

Medical Treatment: \$500,000.00

*Department of Corrections New York City

Punitive Damages: \$6,000,000.00

Pain and Suffering: \$7,500,000.00

Medical Treatment: \$1,500,000.00

Total Compensation seeking: \$50,000,000.00

EXHIBIT LIST

Pictures of injury to the head

Exhibits 1A-1C

Medical Records

Exhibits 2A-2T

12/31/2018

Pics - Kern McFadden

Exhibit 1-A



12/31/2018

Pics - Kern McFadden

Exhibit 1-B



Exhibit 1-C

12/31/2018

Pics - Kern McFadden

Pics

Kern McFadden

Mon 12/31/2018 7:26 AM

To: Kern McFadden <kmcfadden@mercerhotel.com>;

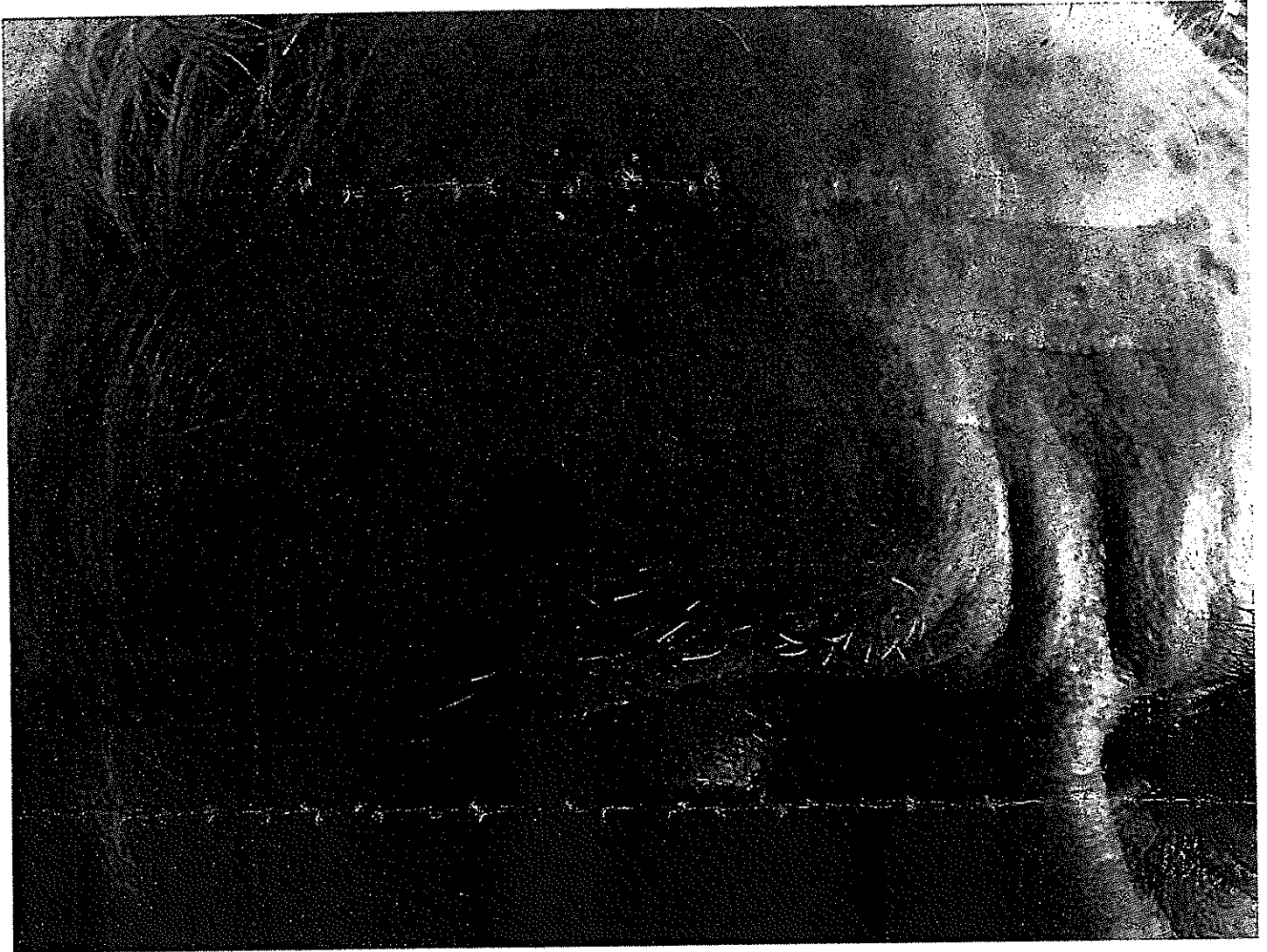


Exhibit 2-A

Family Medicine East
175 South English Station Rd., Suite 226
Louisville, KY 40245
Phone: (502) 244-0911 Fax:

MRN: 4202770

Encounter Date: 07/10/2017 10:45AM

DOB: 07/16/1949

Home: (502) 445-5522

Work:

Address:

Denver McFadden
2505 Lindsay Ave
#9
Louisville, KY 40206

Chief Complaint

Right side numbness

History of Present Illness

87 y/o WM here for right sided numbness for the past couple of weeks. He states that this started in his right arm/shoulder and has progressed to the right leg. He states that he is having some difficulty walking. He has a family history of stroke.

Active Problems**Problems**

1. Acute sinusitis (461.9) (J01.90)
2. ADD (attention deficit disorder) (314.00) (F98.8)
3. Allergic rhinitis (477.9) (J30.9)
4. Anxiety (300.00) (F41.9)
5. Arteriosclerotic heart disease (414.00) (I25.10)
 - a. Status post PCI to the mid LAD with a 3.0 x 28 mm XIENCE drug-eluting stent (with transient occlusion of small diagonal vessel).
 - b. Status post PCI to the first obtuse marginal with a 2.5 x 12 mm XIENCE drug-eluting stent.
6. Bilateral impacted cerumen (380.4) (H61.23)
7. History of Cardiovascular Stress Test
 - Nuclear stress test (10/07/2013): This showed an ejection fraction of 62% with mild-to-moderate inferior wall ischemia. Please see the dictated report for complete details.
8. History of Cath Stent Placement
 - 1. Cardiac catheterization (10/11/2013): This revealed a left main that was normal. This revealed a left anterior descending artery with an 80% stenosis. This revealed a left circumflex artery with an 80-90% proximal first obtuse marginal lesion. This revealed a small codominant right coronary artery that was free of angiographically significant stenosis. The LAD was ultimately stented with a 3.0 x 28 mm XIENCE drug-eluting stent. There was transient occlusion of a small diagonal in this vessel with a type IV NSTEMI.
 - 2. Cardiac catheterization (10/30/2013): The left main was normal. The LAD had 30% proximal narrowing. There was a 30-50% distal lesion. There was stent in the distal aspect of the mid portion that was widely patent. The first obtuse marginal had an ostial 30% narrowing. There was a 90% narrowing in the proximal portion of the first obtuse marginal. Remaining of the left circumflex artery had nonobstructive disease. The right coronary artery was codominant vessel that had no focal obstructive disease. The first obtuse marginal was stented with a 2.5 x 12 mm XIENCE drug-eluting stent.
9. Cough (786.2) (R05)

Exhibit 2-B

Patient: Denver McFadden
Encounter: Jul 10 2017 10:45AM

MRN: 4202770

10. Depression (311) (F32.9)
11. Diarrhea (787.91) (R19.7)
12. Dyslipidemia (272.4) (E78.5)
13. Gastroenteritis, acute (558.9) (K52.9)
14. GERD (gastroesophageal reflux disease) (530.81) (K21.9)
15. H/O echocardiogram (V15.89) (Z92.89)
 - Echocardiogram (10/30/2013): This showed an ejection fraction of 60-65% with trace mitral regurgitation. There was trace tricuspid regurgitation. There was no aortic insufficiency. There was trace pulmonic insufficiency. There was no pericardial effusion. Please see the dictated report for complete details.
16. H/O major depression (V11.8) (Z86.59)
17. Hypertension (401.9) (I10)
18. Insomnia (780.52) (G47.00)
19. Lumbar herniated disc (722.10) (M51.26)
20. Neck pain, musculoskeletal (723.1) (M54.2)
21. Nonsustained ventricular tachycardia (427.1) (I47.2)

Allergies

Medication

- Lunesta TABS
- Recorded By: Curry, Patricia; 2/3/2016 10:58:11 AM

Current Meds

1. Amlodipine Besylate 5 MG Oral Tablet; TAKE 1 TABLET DAILY FOR BLOOD PRESSURE
2. Aspirin 81 MG TABS; TAKE 1 TABLET DAILY
3. Atorvastatin Calcium 20 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME
4. Benazepril HCl - 10 MG Oral Tablet; TAKE 1 TABLET DAILY
5. BuPROPion HCl ER (XL) 150 MG Oral Tablet Extended Release 24 Hour; TAKE 1 TABLET DAILY
6. Fluticasone Propionate 50 MCG/ACT Nasal Suspension; USE 2 SPRAYS IN EACH NOSTRIL ONCE DAILY
7. HydroCHLORothiazide 12.5 MG Oral Capsule; TAKE 1 CAPSULE DAILY
8. Montelukast Sodium 10 MG Oral Tablet; TAKE 1 TABLET EVERY DAY
9. Nitrostat 0.4 MG Sublingual Tablet Sublingual; PLACE 1 TABLET UNDER THE TONGUE EVERY 5 MINUTES FOR UP TO 3 DOSES AS NEEDED FOR CHEST PAIN. CALL 911 IF PAIN PERSISTS
10. Pantoprazole Sodium 40 MG Oral Tablet Delayed Release; TAKE 1 TABLET EVERY DAY
11. Ritalin 5 MG Oral Tablet; TAKE 1 TABLET DAILY AS DIRECTED
12. Zolof 50 MG Oral Tablet; TAKE 1 TABLET BY MOUTH BY MOUTH EVERY DAY

Past Medical History

Problems

- History of Depression, major, recurrent, moderate (296.32) (F33.1)
 Dyslipidemia (272.4) (E78.5)
 H/O echocardiogram (V15.89) (Z92.89)
- Echocardiogram (10/30/2013): This showed an ejection fraction of 60-65% with trace mitral regurgitation. There was trace tricuspid regurgitation. There was no aortic insufficiency. There was trace pulmonic insufficiency. There was no pericardial effusion. Please see the dictated report for complete details.

Surgical History

Problems

History of Cardiovascular Stress Test

- Nuclear stress test (10/07/2013): This showed an ejection fraction of 62% with mild-to-moderate inferior wall ischemia. Please see the dictated report for complete

Exhibit 2-C

Family Medicine East

175 South English Station Rd., Suite 226
 Louisville, KY 40245
 (502) 244-0911

Patient: McFadden, Denver
 2505 Lindsay Ave
 #9
 Louisville, KY 40206

Age/Sex/DOB: 69 yrs M 16-Jul-1949
EMRN: 11051615
OMRN: 4202770
Home: (502) 445-5522
Work:

Results

Lab Accession # Cerner_C2165735103
Ordering Provider: Combs, Christopher
Performing Location: Medical Center East

Collected: 07/24/2017 2:17:00PM
Resulted: 07/26/2017 6:59:00AM
Verified By: Combs, Christopher
Auto Verify: N

MRI Brain WO

Stage: Final

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Flag Reference Range</u>
-------------	---------------	--------------	-----------------------------

MRI Brain WO 70551

JEWISH HOSPITAL MEDICAL CENTER EAST
 3920 Dutchmans Lane
 Louisville, Kentucky 40207

C1719901771 MR#: C000946571 ACC #: 03MR170001531
 NAME: MCFADDEN, DENVER ROOM: SEX: M
 STUDY DATE/TIME: 07/24/2017 14:29 DOB: 07/16/1949 AGE: 68
 STUDY DESCRIPTION: MRI Brain WO
 Attending Physician: Christopher Combs, M.D.
 Ordering Physician: Christopher Combs, M.D.
 Referring Physician: Christopher Combs, M.D.
 Primary Care Physician: Christopher Combs, M.D.
 MRI CENTER REPORT

** This report is preliminary unless electronic signature is present. **

EXAM
 Brain MRI

HISTORY
 Right sided weakness for the past month. Chronic hypertension.

TECHNIQUE
 Multiplanar imaging of the brain was performed including diffusion weighted images.

FINDINGS
 On diffusion weighted images there is no evidence of abnormal restricted diffusion to suggest a recent infarct.

Brain images show mild atrophy with minimal chronic ischemic changes around

Exhibit 2-D

Patient: **Denver McFadden**
 Encounter: **Oct 19 2017 1:00PM**

MRN: **4202770**

insufficiency. There was trace pulmonic insufficiency. There was no pericardial effusion. Please see the dictated report for complete details.

Surgical History

Problems

History of Cardiovascular Stress Test

- Nuclear stress test (10/07/2013): This showed an ejection fraction of 62% with mild-to-moderate inferior wall ischemia. Please see the dictated report for complete details.

5/11/16 - Normal perfusion study. EF 71%.

Nuclear stress test (10/07/2013): This showed an ejection fraction of 62% with mild-to-moderate inferior wall ischemia. Please see the dictated report for complete details.

History of Cath Stent Placement

- Cardiac catheterization (10/11/2013): This revealed a left main that was normal. This revealed a left anterior descending artery with an 80% stenosis. This revealed a left circumflex artery with an 80-90% proximal first obtuse marginal lesion. This revealed a small codominant right coronary artery that was free of angiographically significant stenosis. The LAD was ultimately stented with a 3.0 x 28 mm XIENCE drug-eluting stent. There was transient occlusion of a small diagonal in this vessel with a type IV NSTEMI.

2. Cardiac catheterization (10/30/2013): The left main was normal. The LAD had 30% proximal narrowing. There was a 30-50% distal lesion. There was stent in the distal aspect of the mid portion that was widely patent. The first obtuse marginal had an ostial 30% narrowing. There was a 90% narrowing in the proximal portion of the first obtuse marginal. Remaining of the left circumflex artery had nonobstructive disease. The right coronary artery was codominant

1. Cardiac catheterization (10/11/2013): This revealed a left main that was normal. This revealed a left anterior descending artery with an 80% stenosis. This revealed a left circumflex artery with an 80-90% proximal first obtuse marginal lesion. This revealed a small codominant right coronary artery that was free of angiographically significant stenosis. The LAD was ultimately stented with a 3.0 x 28 mm XIENCE drug-eluting stent. There was transient occlusion of a small diagonal in this vessel with a type IV NSTEMI.

2. Cardiac catheterization (10/30/2013): The left main was normal. The LAD had 30% proximal narrowing. There was a 30-50% distal lesion. There was stent in the distal aspect of the mid portion that was widely patent. The first obtuse marginal had an ostial 30% narrowing. There was a 90% narrowing in the proximal portion of the first obtuse marginal. Remaining of the left circumflex artery had nonobstructive disease. The right coronary artery was codominant vessel that had no focal obstructive disease. The first obtuse marginal was stented with a 2.5 x 12 mm XIENCE drug-eluting stent.

History of Fistula-in-ano Repair

History of Knee Arthroscopy (Therapeutic)

Family History

Father

Family history of lung disease (V19.8) (Z83.6)

Family history of myocardial infarction (V17.3) (Z82.49)

Family history of tobacco abuse (V61.42) (Z81.2)

Social History

Problems

Exhibit 2-E

Patient: **Denver McFadden**
 Encounter: **Jul 10 2017 10:45AM**

MRN: **4202770****Immunizations**

	1
PCV	27-Apr-2016
Zoster	27-Apr-2016

Vitals**Vital Signs****Recorded: 10Jul2017 10:53AM**

Height: 5 ft 10 in
 Weight: 178 lb
 BMI Calculated: 25.54
 BSA Calculated: 1.99
 Temperature: 97.8 F
 Heart Rate: 77
 Systolic: 118
 Diastolic: 74
 O2 Saturation: 97

Physical Exam

CONSTITUTIONAL: This 67 year old Caucasian male appears well developed, well nourished and in no acute distress.

PULMONARY: Respiratory effort is normal with no increased work of breathing or signs of respiratory distress. Lungs are clear to auscultation bilaterally.

CARDIOVASCULAR: On auscultation the heart rate and rhythm is normal. S1 and S2 are normal and there are no murmurs. Arterial pulses are normal on peripheral vascular exam. Examination of the extremities shows no edema or varicosities.

ABDOMEN: The abdomen is nontender and without masses. Bowel sounds are normal. On exam there is no hepatomegaly or splenomegaly.

MUSCULOSKELETAL: using a cane for ambulation. 4/5 strength right hand/arm and right leg.

PSYCHIATRIC: Patient's judgment and insight are unimpaired. Patient's mood and affect are normal.

Assessment**Assessed**

✓ 1. Right sided weakness (728.87) (R53.1)

Plan**Anxiety**

• Renew: BuPROPion HCI ER (XL) 150 MG Oral Tablet Extended Release 24 Hour; TAKE 1 TABLET DAILY

Depression

• Changed: From Ritalin 5 MG Oral Tablet TAKE 1 TABLET DAILY AS DIRECTED To Methylphenidate HCI - 10 MG Oral Tablet (Ritalin) Take 1 tablet twice daily

Lumbar herniated disc

• Renew: OxyCODONE HCI - 15 MG Oral Tablet; TAKE 1 TABLET EVERY 6 HOURS AS NEEDED FOR PAIN

✓ Right sided weakness

• MRI Brain WO; [Do Not Release]; Status:Need Information - Required information,Financial Authorization; Requested for:10Jul2017;

concerning for CVA - set up for MRI ASAP

Signatures

Electronically signed by: Patricia Curry, ; Jul 10 2017 11:01AM EST

(Co-author)

Electronically signed by: Christopher Combs, M.D.; Jul 10 2017 11:18AM EST

(Author)

Exhibit 2-F

Patient: **Denver McFadden**
 Encounter: **Jul 31 2017 11:15AM**

MRN: **4202770**

11. Diarrhea (787.91) (R19.7)
12. Dyslipidemia (272.4) (E78.5)
13. Gastroenteritis, acute (558.9) (K52.9)
14. GERD (gastroesophageal reflux disease) (530.81) (K21.9)
- ✓ 15. H/O echocardiogram (V15.89) (Z92.89)
 - Echocardiogram (10/30/2013): This showed an ejection fraction of 60-65% with trace mitral regurgitation. There was trace tricuspid regurgitation. There was no aortic insufficiency. There was trace pulmonic insufficiency. There was no pericardial effusion. Please see the dictated report for complete details.
- ✓ 16. H/O major depression (V11.8) (Z86.59)
17. Hypertension (401.9) (I10)
18. Insomnia (780.52) (G47.00)
- ✓ 19. Lumbar herniated disc (722.10) (M51.26)
- ✓ 20. Neck pain, musculoskeletal (723.1) (M54.2)
21. Nonsustained ventricular tachycardia (427.1) (I47.2)
22. Right sided weakness (728.87) (R53.1)

Allergies**Medication**

- Lunesta TABS
- Recorded By: Curry, Patricia; 2/3/2016 10:58:11 AM

Current Meds

- ✓ 1. Ambien 10 MG Oral Tablet
2. AmlODIPine Besylate 5 MG Oral Tablet; TAKE 1 TABLET DAILY FOR BLOOD PRESSURE
3. Aspirin 81 MG TABS; TAKE 1 TABLET DAILY
4. Atorvastatin Calcium 20 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME
5. Benazepril HCl - 10 MG Oral Tablet; TAKE 1 TABLET DAILY
6. Fluticasone Propionate 50 MCG/ACT Nasal Suspension; USE 2 SPRAYS IN EACH NOSTRIL ONCE DAILY
7. HydroCHLORothiazide 12.5 MG Oral Capsule; TAKE 1 CAPSULE DAILY
8. Montelukast Sodium 10 MG Oral Tablet; TAKE 1 TABLET EVERY DAY
9. Nitrostat 0.4 MG Sublingual Tablet Sublingual; PLACE 1 TABLET UNDER THE TONGUE EVERY 5 MINUTES FOR UP TO 3 DOSES AS NEEDED FOR CHEST PAIN. CALL 911 IF PAIN PERSISTS
- ✓ 10. OxyCODONE HCl - 15 MG Oral Tablet; TAKE 1 TABLET EVERY 6 HOURS AS NEEDED FOR PAIN
11. Pantoprazole Sodium 40 MG Oral Tablet Delayed Release; TAKE 1 TABLET EVERY DAY
12. Zolof 50 MG Oral Tablet; TAKE 1 TABLET BY MOUTH BY MOUTH EVERY DAY

Past Medical History**Problems**

- History of Depression, major, recurrent, moderate (296.32) (F33.1)
 Dyslipidemia (272.4) (E78.5)
 H/O echocardiogram (V15.89) (Z92.89)
- Echocardiogram (10/30/2013): This showed an ejection fraction of 60-65% with trace mitral regurgitation. There was trace tricuspid regurgitation. There was no aortic insufficiency. There was trace pulmonic insufficiency. There was no pericardial effusion. Please see the dictated report for complete details.

Surgical History**Problems**

- History of Cardiovascular Stress Test
- Nuclear stress test (10/07/2013): This showed an ejection fraction of 62% with

Exhibits 2-6

Patient: **Denver McFadden**
 Encounter: **Jul 31 2017 11:15AM**

MRN: **4202770****Immunizations**

	1
PCV	27-Apr-2016
Zoster	27-Apr-2016

Vitals**Vital Signs****Recorded: 31Jul2017 11:18AM**

Height: 5 ft 10 in
 Weight: 182 lb
 BMI Calculated: 26.11
 BSA Calculated: 2.01
 Temperature: 97.4 F
 Heart Rate: 77
 Systolic: 126
 Diastolic: 62
 O2 Saturation: 95

Physical Exam

CONSTITUTIONAL: This 68 year old Caucasian male appears well developed, well nourished and in no acute distress.

PULMONARY: Respiratory effort is normal with no increased work of breathing or signs of respiratory distress. Lungs are clear to auscultation bilaterally.

CARDIOVASCULAR: On auscultation the heart rate and rhythm is normal. S1 and S2 are normal and there are no murmurs. Arterial pulses are normal on peripheral vascular exam. Examination of the extremities shows no edema or varicosities.

ABDOMEN: The abdomen is nontender and without masses. Bowel sounds are normal. On exam there is no hepatomegaly or splenomegaly.

MUSCULOSKELETAL: using a cane for ambulation. 4/5 strength right hand/arm and right leg.

PSYCHIATRIC: Patient's judgment and insight are unimpaired. Patient's mood and affect are normal.

Assessment**Assessed**

* ✓ 1. Right sided weakness (728.87) (R53.1)

Plan**Depression**

- Renew: Sertraline HCl - 100 MG Oral Tablet (Zoloft); TAKE 1 TABLET BY MOUTH DAILY

is going to talk to his pain management physician to see if this could be low back related - may need neurology referral if this continues

Signatures

Electronically signed by : Patricia Curry, ; Jul 31 2017 11:24AM EST

(Co-author)

Electronically signed by : Christopher Combs, M.D.; Jul 31 2017 11:40AM EST

(Author)

Exhibit 2-H

Family Medicine East
175 South English Station Rd., Suite 226
Louisville, KY 40245
Phone: (502) 244-0911 Fax:

MRN: 4202770

Encounter Date: 08/31/2017 11:15AM

Address:

Denver McFadden
2505 Lindsay Ave
#9
Louisville, KY 40206

DOB: 07/16/1949

Home: (502) 445-5522

Work:

Chief Complaint

P.T. referral / med refills

History of Present Illness

68 y/o WM here for a few issues:

- refills on benazepril and atorvastatin - doing well on these and has no side effects



✓ - right sided weakness and herniated disc - states that this is getting somewhat better overall

Active Problems**Problems**

1. Acute sinusitis (461.9) (J01.90)
2. ADD (attention deficit disorder) (314.00) (F98.8)
3. Allergic rhinitis (477.9) (J30.9)
4. Anxiety (300.00) (F41.9)
5. Arteriosclerotic heart disease (414.00) (I25.10)
 - a. Status post PCI to the mid LAD with a 3.0 x 28 mm XIENCE drug-eluting stent (with transient occlusion of small diagonal vessel).
 - b. Status post PCI to the first obtuse marginal with a 2.5 x 12 mm XIENCE drug-eluting stent.
6. Bilateral impacted cerumen (380.4) (H61.23)
7. History of Cardiovascular Stress Test
 - Nuclear stress test (10/07/2013): This showed an ejection fraction of 62% with mild-to-moderate inferior wall ischemia. Please see the dictated report for complete details.
8. History of Cath Stent Placement
 - 1. Cardiac catheterization (10/11/2013): This revealed a left main that was normal. This revealed a left anterior descending artery with an 80% stenosis. This revealed a left circumflex artery with an 80-90% proximal first obtuse marginal lesion. This revealed a small codominant right coronary artery that was free of angiographically significant stenosis. The LAD was ultimately stented with a 3.0 x 28 mm XIENCE drug-eluting stent. There was transient occlusion of a small diagonal in this vessel with a type IV NSTEMI.
 - 2. Cardiac catheterization (10/30/2013): The left main was normal. The LAD had 30% proximal narrowing. There was a 30-50% distal lesion. There was stent in the distal aspect of the mid portion that was widely patent. The first obtuse marginal had an ostial 30% narrowing. There was a 90% narrowing in the proximal portion of the first obtuse marginal. Remaining of the left circumflex artery had nonobstructive disease. The right coronary artery was codominant vessel that had no focal obstructive disease. The first obtuse marginal was stented with a 2.5 x 12 mm XIENCE drug-eluting stent.
9. Cough (786.2) (R05)

C xhibit 2-1

Patient: **Denver McFadden**
 Encounter: **Aug 31 2017 11:15AM**

MRN: **4202770**

10. Depression (311) (F32.9)
11. Diarrhea (787.81) (R19.7)
12. Dyslipidemia (272.4) (E78.5)
13. Gastroenteritis, acute (558.9) (K52.9)
14. GERD (gastroesophageal reflux disease) (530.81) (K21.9)
15. H/O echocardiogram (V15.89) (Z92.89)
 - Echocardiogram (10/30/2013): This showed an ejection fraction of 60-65% with trace mitral regurgitation. There was trace tricuspid regurgitation. There was no aortic insufficiency. There was trace pulmonic insufficiency. There was no pericardial effusion. Please see the dictated report for complete details.
16. H/O major depression (V11.8) (Z86.59)
17. Hypertension (401.9) (I10)
18. Insomnia (780.52) (G47.00)
19. Lumbar herniated disc (722.10) (M51.26)
20. Neck pain, musculoskeletal (723.1) (M54.2)
21. Nerve pain (729.2) (M79.2)
22. Nonsustained ventricular tachycardia (427.1) (I47.2)
23. Right sided weakness (728.87) (R53.1)

Allergies**Medication**

- Lunesta TABS
- Recorded By: Curry, Patricia; 2/3/2016 10:58:11 AM

Current Meds

- ✓ 1. Ambien 10 MG Oral Tablet
2. AmlODIPine Besylate 5 MG Oral Tablet; TAKE 1 TABLET DAILY FOR BLOOD PRESSURE
3. Aspirin 81 MG TABS; TAKE 1 TABLET DAILY
4. Atorvastatin Calcium 20 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME
5. Benazepril HCl - 10 MG Oral Tablet; TAKE 1 TABLET DAILY
6. Clonazepam 0.5 MG Oral Tablet; TAKE 1 TABLET BY MOUTH THREE TIMES DAILY
7. Fluticasone Propionate 50 MCG/ACT Nasal Suspension; USE 2 SPRAYS IN EACH NOSTRIL ONCE DAILY
- ✓ 8. Gabapentin 250 MG/5ML Oral Solution; TAKE 1 ML Bedtime
9. HydroCHLORothiazide 12.5 MG Oral Capsule; TAKE 1 CAPSULE DAILY
10. Montelukast Sodium 10 MG Oral Tablet; TAKE 1 TABLET EVERY DAY
11. Nitrostat 0.4 MG Sublingual Tablet Sublingual; PLACE 1 TABLET UNDER THE TONGUE EVERY 5 MINUTES FOR UP TO 3 DOSES AS NEEDED FOR CHEST PAIN. CALL 911 IF PAIN PERSISTS
- ✓ 12. Oxycodone HCl - 15 MG Oral Tablet; TAKE 1 TABLET EVERY 6 HOURS AS NEEDED FOR PAIN
13. Pantoprazole Sodium 40 MG Oral Tablet Delayed Release; TAKE 1 TABLET EVERY DAY
- ✓ 14. Sertraline HCl - 100 MG Oral Tablet; TAKE 1 TABLET BY MOUTH DAILY

Nerve pain

Past Medical History**Problems**

- History of Depression, major, recurrent, moderate (296.32) (F33.1)
- Dyslipidemia (272.4) (E78.5)
- H/O echocardiogram (V15.89) (Z92.89)
- Echocardiogram (10/30/2013): This showed an ejection fraction of 60-65% with trace mitral regurgitation. There was trace tricuspid regurgitation. There was no aortic insufficiency. There was trace pulmonic insufficiency. There was no pericardial effusion. Please see the dictated report for complete details.

Exhibit 2-J

Family Medicine East
175 South English Station Rd., Suite 226
Louisville, KY 40245
Phone: (502) 244-0911 Fax:

MRN: 4202770

Encounter Date: 10/19/2017 1:00PM

DOB: 07/16/1949
Home: (502) 445-5522
Work:

Address:
Denver McFadden
2505 Lindsay Ave
#9
Louisville, KY 40206

Chief Complaint

right side tremors x 2, right side numb

History of Present Illness

68 y/o WM here for right sided tremors. He states that he was lying on his couch five days ago and felt the entire right side of his body tremble. He thought that this would go away and it did, after about one minute. He states that this recurred a few nights later and it lasted for a few minutes and then resolved. He states that he cannot make these come on. He did not lose consciousness or have any postictal state.

Active Problems

Problems

1. Acute sinusitis (461.9) (J01.90)
2. ADD (attention deficit disorder) (314.00) (F98.8)
3. Allergic rhinitis (477.9) (J30.9)
4. Anxiety (300.00) (F41.9)
5. Arteriosclerotic heart disease (414.00) (I25.10)
 - a. Status post PCI to the mid LAD with a 3.0 x 28 mm XIENCE drug-eluting stent (with transient occlusion of small diagonal vessel).
 - b. Status post PCI to the first obtuse marginal with a 2.5 x 12 mm XIENCE drug-eluting stent.
6. Bilateral impacted cerumen (380.4) (H61.23)
7. History of Cardiovascular Stress Test
Nuclear stress test (10/07/2013): This showed an ejection fraction of 62% with mild-to-moderate inferior wall ischemia. Please see the dictated report for complete details.
8. History of Cath Stent Placement
 1. Cardiac catheterization (10/11/2013): This revealed a left main that was normal. This revealed a left anterior descending artery with an 80% stenosis. This revealed a left circumflex artery with an 80-90% proximal first obtuse marginal lesion. This revealed a small codominant right coronary artery that was free of angiographically significant stenosis. The LAD was ultimately stented with a 3.0 x 28 mm XIENCE drug-eluting stent. There was transient occlusion of a small diagonal in this vessel with a type IV NSTEMI.
 2. Cardiac catheterization (10/30/2013): The left main was normal. The LAD had 30% proximal narrowing. There was a 30-50% distal lesion. There was stent in the distal aspect of the mid portion that was widely patent. The first obtuse marginal had an ostial 30% narrowing. There was a 90% narrowing in the proximal portion of the first obtuse marginal. Remaining of the left circumflex artery had nonobstructive disease. The right coronary artery was codominant vessel that had no focal obstructive disease. The first

Exhibit 2-K

Patient: **Denver McFadden**
 Encounter: **Oct 19 2017 1:00PM**

MRN: **4202770**

obtuse marginal was stented with a 2.5 x 12 mm XIENCE drug-eluting stent.

- 9. Cough (786.2) (R05)
- ✓ 10. Depression (311) (F32.9)
- 11. Diarrhea (787.91) (R19.7)
- 12. Dyslipidemia (272.4) (E78.5)
- 13. Gastroenteritis, acute (558.9) (K52.9)
- 14. GERD (gastroesophageal reflux disease) (530.81) (K21.9)
- 15. H/O echocardiogram (V15.89) (Z92.89)
 Echocardiogram (10/30/2013): This showed an ejection fraction of 60-65% with trace mitral regurgitation. There was trace tricuspid regurgitation. There was no aortic insufficiency. There was trace pulmonic insufficiency. There was no pericardial effusion. Please see the dictated report for complete details.
- ✓ 16. H/O major depression (V11.8) (Z86.59)
- 17. Hypertension (401.9) (I10)
- 18. Insomnia (780.52) (G47.00)
- * 19. Lumbar herniated disc (722.10) (M51.26)
- * 20. Neck pain, musculoskeletal (723.1) (M54.2)
- * 21. Nerve pain (729.2) (M79.2)
- 22. Nonsustained ventricular tachycardia (427.1) (I47.2)
- 23. Prostate cancer screening (V76.44) (Z12.5)
- * 24. ✓ Right sided weakness (728.87) (R53.1)

Allergies**Medication**

- Lunesta TABS
- Recorded By: Curry, Patricia; 2/3/2016 10:58:11 AM

Current Meds

- 1. Ambien 10 MG Oral Tablet
- 2. AmlODIPine Besylate 5 MG Oral Tablet; TAKE 1 TABLET DAILY FOR BLOOD PRESSURE
- 3. Aspirin 81 MG TABS; TAKE 1 TABLET DAILY
- 4. Atorvastatin Calcium 20 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME
- 5. Benazepril HCl - 10 MG Oral Tablet; TAKE 1 TABLET DAILY
- 6. Clonazepam 0.5 MG Oral Tablet; TAKE 1 TABLET BY MOUTH THREE TIMES DAILY
- 7. Fluticasone Propionate 50 MCG/ACT Nasal Suspension; USE 2 SPRAYS IN EACH NOSTRIL ONE TIME DAILY
- 8. Gabapentin 250 MG/5ML Oral Solution; TAKE 1 ML Bedtime
- 9. HydroCHLORothiazide 12.5 MG Oral Capsule; TAKE 1 CAPSULE DAILY
- 10. Montelukast Sodium 10 MG Oral Tablet; TAKE 1 TABLET EVERY DAY
- 11. Nitrostat 0.4 MG Sublingual Tablet Sublingual; PLACE 1 TABLET UNDER THE TONGUE EVERY 5 MINUTES FOR UP TO 3 DOSES AS NEEDED FOR CHEST PAIN. CALL 911 IF PAIN PERSISTS
- 12. OxyCODONE HCl - 15 MG Oral Tablet; TAKE 1 TABLET EVERY 6 HOURS AS NEEDED FOR PAIN
- 13. Pantoprazole Sodium 40 MG Oral Tablet Delayed Release; TAKE 1 TABLET EVERY DAY
- 14. Sertraline HCl - 100 MG Oral Tablet; TAKE 1 TABLET BY MOUTH DAILY

Past Medical History**Problems**

- History of Depression, major, recurrent, moderate (296.32) (F33.1)
- Dyslipidemia (272.4) (E78.5)
- H/O echocardiogram (V15.89) (Z92.89)
 Echocardiogram (10/30/2013): This showed an ejection fraction of 60-65% with trace mitral regurgitation. There was trace tricuspid regurgitation. There was no aortic

Exhibit 2-L

Patient: **Denver McFadden**
 Encounter: **Oct 19 2017 1:00PM**

MRN: **4202770**

Daily caffeine consumption
 Never smoker
 No drug use
 Non-smoker (V49.89) (Z78.9)
 Occasional alcohol use

Review of Systems

A complete review of systems revealed no pertinent patient complaints except as noted in the history of present illness.

Immunizations

	1
PCV	27-Apr-2016
Zoster	27-Apr-2016

Vitals**Vital Signs**Recorded: **19Oct2017 01:11PM**

Height: 5 ft 10 in
 Weight: 185 lb
 BMI Calculated: 26.54
 BSA Calculated: 2.02
 Temperature: 97.4 F
 Heart Rate: 74
 Systolic: 132
 Diastolic: 80
 O2 Saturation: 96

Physical Exam

CONSTITUTIONAL: This 68 year old Caucasian male appears well developed, well nourished and in no acute distress.

PULMONARY: Respiratory effort is normal with no increased work of breathing or signs of respiratory distress. Lungs are clear to auscultation bilaterally.

CARDIOVASCULAR: On auscultation the heart rate and rhythm is normal. S1 and S2 are normal and there are no murmurs. Arterial pulses are normal on peripheral vascular exam. Examination of the extremities shows no edema or varicosities.

ABDOMEN: The abdomen is nontender and without masses. Bowel sounds are normal. On exam there is no hepatomegaly or splenomegaly.

MUSCULOSKELETAL: using a cane for ambulation.

NEUROLOGIC: Cranial nerves II-XII are intact. Patient demonstrates normal mental status.

PSYCHIATRIC: Patient's judgment and insight are unimpaired. Patient's mood and affect are normal.

Assessment**Assessed**

- ***
 1. Tremor (781.0) (R25.1)

 2. Involuntary trembling (781.0) (R25.1)

Plan**Involuntary trembling, Tremor**

- ***
 1. Neurology Referral Evaluation and Treatment eval and treat for involuntary right sided tremor
 Status: Need Information - Required information Requested for: 19Oct2017

recent MRI normal - needs neuro eval

Exhibit 2-m

Family Medicine East
175 South English Station Rd., Suite 226
Louisville, KY 40245
Phone: (502) 244-0911 Fax:

MRN: 4202770

Encounter Date: 12/05/2017 2:45PM

DOB: 07/16/1949

Home: (502) 445-5522

Work:

Address:

Denver McFadden
2505 Lindsay Ave
#9
Louisville, KY 40206

Chief Complaint

3 month check up HTN, Chol,

History of Present Illness

68 y/o WM here for follow-up on hypertension and hyperlipidemia. He is doing relatively well overall and has no acute complaints. He is following neurology for his lower extremity weakness. He has had both an EMG and an MRI done. He states that he was told that he had some nerve issues in his neck and lumbar spine and he has follow-up with Dr. Shah next week. He is scheduled for PT tomorrow.

Active Problems**Problems**

1. Acute sinusitis (461.9) (J01.90)
2. ADD (attention deficit disorder) (314.00) (F98.8)
3. Allergic rhinitis (477.9) (J30.9)
4. Anxiety (300.00) (F41.9)
5. Arteriosclerotic heart disease (414.00) (I25.10)
 - a. Status post PCI to the mid LAD with a 3.0 x 28 mm XIENCE drug-eluting stent (with transient occlusion of small diagonal vessel).
 - b. Status post PCI to the first obtuse marginal with a 2.5 x 12 mm XIENCE drug-eluting stent.
6. Bilateral impacted cerumen (380.4) (H61.23)
7. History of Cardiovascular Stress Test

Nuclear stress test (10/07/2013): This showed an ejection fraction of 62% with mild-to-moderate inferior wall ischemia. Please see the dictated report for complete details.
8. History of Cath Stent Placement
 1. Cardiac catheterization (10/11/2013): This revealed a left main that was normal. This revealed a left anterior descending artery with an 80% stenosis. This revealed a left circumflex artery with an 80-90% proximal first obtuse marginal lesion. This revealed a small codominant right coronary artery that was free of angiographically significant stenosis. The LAD was ultimately stented with a 3.0 x 28 mm XIENCE drug-eluting stent. There was transient occlusion of a small diagonal in this vessel with a type IV NSTEMI.
 2. Cardiac catheterization (10/30/2013): The left main was normal. The LAD had 30% proximal narrowing. There was a 30-50% distal lesion. There was stent in the distal aspect of the mid portion that was widely patent. The first obtuse marginal had an ostial 30% narrowing. There was a 90% narrowing in the proximal portion of the first obtuse marginal. Remaining of the left circumflex artery had nonobstructive disease. The right coronary artery was codominant vessel that had no focal obstructive disease. The first obtuse marginal was stented with a 2.5 x 12 mm XIENCE drug-eluting stent.

Exhibit 2-N

Patient: **Denver McFadden**
 Encounter: **Dec 5 2017 2:45PM**

MRN: **4202770**

History of Depression, major, recurrent, moderate (296.32) (F33.1)

Dyslipidemia (272.4) (E78.5)

H/O echocardiogram (V15.89) (Z92.89)

Echocardiogram (10/30/2013): This showed an ejection fraction of 60-65% with trace mitral regurgitation. There was trace tricuspid regurgitation. There was no aortic insufficiency. There was trace pulmonic insufficiency. There was no pericardial effusion. Please see the dictated report for complete details.

Surgical History

Problems

History of Cardiovascular Stress Test

- Nuclear stress test (10/07/2013): This showed an ejection fraction of 62% with mild-to-moderate inferior wall ischemia. Please see the dictated report for complete details.

5/11/16 - Normal perfusion study. EF 71%.

Nuclear stress test (10/07/2013): This showed an ejection fraction of 62% with mild-to-moderate inferior wall ischemia. Please see the dictated report for complete details.

History of Cath Stent Placement

- Cardiac catheterization (10/11/2013): This revealed a left main that was normal. This revealed a left anterior descending artery with an 80% stenosis. This revealed a left circumflex artery with an 80-90% proximal first obtuse marginal lesion. This revealed a small codominant right coronary artery that was free of angiographically significant stenosis. The LAD was ultimately stented with a 3.0 x 28 mm XIENCE drug-eluting stent. There was transient occlusion of a small diagonal in this vessel with a type IV NSTEMI.
- 2. Cardiac catheterization (10/30/2013): The left main was normal. The LAD had 30% proximal narrowing. There was a 30-50% distal lesion. There was stent in the distal aspect of the mid portion that was widely patent. The first obtuse marginal had an ostial 30% narrowing. There was a 90% narrowing in the proximal portion of the first obtuse marginal. Remaining of the left circumflex artery had nonobstructive disease. The right coronary artery was codominant.
- 1. Cardiac catheterization (10/11/2013): This revealed a left main that was normal. This revealed a left anterior descending artery with an 80% stenosis. This revealed a left circumflex artery with an 80-90% proximal first obtuse marginal lesion. This revealed a small codominant right coronary artery that was free of angiographically significant stenosis. The LAD was ultimately stented with a 3.0 x 28 mm XIENCE drug-eluting stent. There was transient occlusion of a small diagonal in this vessel with a type IV NSTEMI.
- 2. Cardiac catheterization (10/30/2013): The left main was normal. The LAD had 30% proximal narrowing. There was a 30-50% distal lesion. There was stent in the distal aspect of the mid portion that was widely patent. The first obtuse marginal had an ostial 30% narrowing. There was a 90% narrowing in the proximal portion of the first obtuse marginal. Remaining of the left circumflex artery had nonobstructive disease. The right coronary artery was codominant vessel that had no focal obstructive disease. The first obtuse marginal was stented with a 2.5 x 12 mm XIENCE drug-eluting stent.

History of Fistula-in-ano Repair

History of Knee Arthroscopy (Therapeutic)

Family History

Father

Family history of lung disease (V19.8) (Z83.6)

Exhibit 2-0

Patient: **Denver McFadden**
 Encounter: **Dec 5 2017 2:45PM**

MRN: **4202770**

9. Cough (786.2) (R05)
10. Degeneration of cervical intervertebral disc (722.4) (M50.30)
11. Degeneration of lumbar or lumbosacral intervertebral disc (722.52) (M51.37)
12. Depression (311) (F32.9)
13. Diarrhea (787.91) (R19.7)
14. Dyslipidemia (272.4) (E78.5)
15. Gait abnormality (781.2) (R26.9)
16. Gastroenteritis, acute (568.9) (K52.9)
17. GERD (gastroesophageal reflux disease) (530.81) (K21.9)
18. H/O echocardiogram (V15.89) (Z92.89)
 Echocardiogram (10/30/2013): This showed an ejection fraction of 60-65% with trace mitral regurgitation. There was trace tricuspid regurgitation. There was no aortic insufficiency. There was trace pulmonic insufficiency. There was no pericardial effusion. Please see the dictated report for complete details.
19. H/O major depression (V11.8) (Z86.59)
20. Hypertension (401.9) (I10)
21. Insomnia (780.52) (G47.00)
22. Involuntary trembling (781.0) (R25.1)
23. Lumbar herniated disc (722.10) (M51.26)
24. Neck pain, musculoskeletal (723.1) (M54.2)
25. Nerve pain (729.2) (M79.2)
26. Nonsustained ventricular tachycardia (427.1) (I47.2)
27. Paresthesias/numbness (782.0) (R20.9)
28. Prostate cancer screening (V76.44) (Z12.5)
29. Right sided weakness (728.87) (R53.1)
30. Tremor (781.0) (R25.1)

Allergies**Medication**

- Lunesta TABS

Recorded By: Curry, Patricia; 2/3/2016 10:58:11 AM

Current Meds

1. Ambien 10 MG Oral Tablet
2. AmlODIPine Besylate 5 MG Oral Tablet; TAKE 1 TABLET DAILY FOR BLOOD PRESSURE
3. Aspirin 81 MG TABS; TAKE 1 TABLET DAILY
4. Atorvastatin Calcium 20 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME
5. Benazepril HCl - 10 MG Oral Tablet; TAKE 1 TABLET DAILY
6. Fluticasone Propionate 50 MCG/ACT Nasal Suspension; USE 2 SPRAYS IN EACH NOSTRIL ONE TIME DAILY
7. Gabapentin 300 MG Oral Capsule; 1 to 2 tablets daily
8. HydroCHLOROthiazide 12.5 MG Oral Capsule; TAKE 1 CAPSULE DAILY
9. Nitrostat 0.4 MG Sublingual Tablet Sublingual; PLACE 1 TABLET UNDER THE TONGUE EVERY 5 MINUTES FOR UP TO 3 DOSES AS NEEDED FOR CHEST PAIN. CALL 911 IF PAIN PERSISTS
10. OxyCODONE HCl - 15 MG Oral Tablet; TAKE 1 TABLET EVERY 6 HOURS AS NEEDED FOR PAIN
11. Pantoprazole Sodium 40 MG Oral Tablet Delayed Release; TAKE 1 TABLET EVERY DAY
12. Sertraline HCl - 100 MG Oral Tablet; TAKE 1 TABLET BY MOUTH DAILY
13. Xanax 0.5 MG Oral Tablet; TAKE ONE TABLET BY MOUTH TWICE DAILY

Past Medical History Problems

EXHIBIT 2-P

Auth Prov: David Michael Anderson
120 Executive Park
LOUISVILLE KY 40207

BAPTIST HEALTH URGENT CARE EASTPOINT XRAY Imaging Result

Name:	DOB:	Sex:	Patient Class:
McFadden, Denver	7/16/1949	Male	Outpatient
Procedures Performed:	Exam Date & Time:	MRN:	Diagnosis:
XR spine cervical complete 4 or 5 vw	09/26/2017 3:37 PM	8911628720	Neck pain Back pain, unspecified back location, unspecified back pain laterality, unspecified chronicity
Performing Department:	Accession Number:	Reason for Exam:	PCP:

BAPTIST HEALTH URGENT CARE EASTPOINT XRAY
2400 EASTPOINT PARKWAY
LOUISVILLE KY 40223-4154
502-897-8100

2001470554

NECK AND BACK
PAIN

Combs, Christopher D

CERVICAL SPINE, LUMBAR SPINE

✓ **HISTORY:** Neck and back pain for 3 months. Progressive symptoms. Numbness and tingling down the right side of the arm.

COMPARISON: None.

FINDINGS:

CERVICAL SPINE: AP, LATERAL, SWIMMER'S, BILATERAL OBLIQUE: There is disc space narrowing at C4-5, C5-6, C6-7. Prominent endplate spurring is present particularly at C6-7. Uncovertebral overgrowth is present with evidence for osseous encroachment of the neural foramina best demonstrated at C4-5, C5-6, C6-7. Vertebral body heights appear normal. Prevertebral soft tissues appear normal.

LUMBAR SPINE: STANDING AP, LATERAL, BILATERAL OBLIQUE, SPOT LUMBOSACRAL: There is degenerative disc disease with disc space narrowing greatest at the L2-3 and L5-S1 levels. There is 5 mm retrolisthesis of L2 with respect to L3. Mild endplate spurring is present. There is facet arthritis in the mid to lower lumbar spine. There is evidence for fracture or acute abnormality.

IMPRESSION:

1. Multilevel degenerative disc disease in the cervical spine. Endplate and uncovertebral overgrowth with disc space narrowing best demonstrated

EXL.6.7 2-Q

Family Medicine East
175 South English Station Rd., Suite 226
Louisville, KY 40245
Phone: (502) 244-0911 Fax:

MRN: 4202770

Encounter Date: 02/13/2018 3:45PM

DOB: 07/16/1949
Home: (502) 445-5522
Work:

Address:
Denver McFadden
2505 Lindsay Ave
#9
Louisville, KY 40206

Chief Complaint

f/u from Brooks / needs letter

History of Present Illness

68 y/o WM here for follow-up from The Brook. He states that a few days ago he became suicidal and ended up checking himself into The Brook for this. He states that he had a plan for suicide as well. He underwent some therapy and got better from this. He is not currently suicidal. He follows psychiatry for this and has an appointment with them next week. He is finishing up physical therapy for his neck which seems to be improving quite a bit.

Active Problems**Problems**

1. Acute sinusitis (461.9) (J01.90)
2. ADD (attention deficit disorder) (314.00) (F98.8)
3. Allergic rhinitis (477.9) (J30.9)
4. Anxiety (300.00) (F41.9)
5. Arteriosclerotic heart disease (414.00) (I25.10)
 - a. Status post PCI to the mid LAD with a 3.0 x 28 mm XIENCE drug-eluting stent (with transient occlusion of small diagonal vessel).
 - b. Status post PCI to the first obtuse marginal with a 2.5 x 12 mm XIENCE drug-eluting stent.
6. Bilateral impacted cerumen (380.4) (H61.23)
7. History of Cardiovascular Stress Test
Nuclear stress test (10/07/2013): This showed an ejection fraction of 62% with mild-to-moderate inferior wall ischemia. Please see the dictated report for complete details.
- ✓ 8. History of Cath Stent Placement
 1. Cardiac catheterization (10/11/2013): This revealed a left main that was normal. This revealed a left anterior descending artery with an 80% stenosis. This revealed a left circumflex artery with an 80-90% proximal first obtuse marginal lesion. This revealed a small codominant right coronary artery that was free of angiographically significant stenosis. The LAD was ultimately stented with a 3.0 x 28 mm XIENCE drug-eluting stent. There was transient occlusion of a small diagonal in this vessel with a type IV NSTEMI.
 2. Cardiac catheterization (10/30/2013): The left main was normal. The LAD had 30% proximal narrowing. There was a 30-50% distal lesion. There was stent in the distal aspect of the mid portion that was widely patent. The first obtuse marginal had an ostial 30% narrowing. There was a 90% narrowing in the proximal portion of the first obtuse marginal. Remaining of the left circumflex artery had nonobstructive disease. The right coronary artery was codominant vessel that had no focal obstructive disease. The first

C x 4.6.7 2-R

Patient: **Denver McFadden**
 Encounter: **Feb 13 2018 3:45PM**

MRN: **4202770**

obtuse marginal was stented with a 2.5 x 12 mm XIENCE drug-eluting stent.

9. Cervical root lesion (353.2) (G54.2)
10. Cough (786.2) (R05)
11. Degeneration of cervical intervertebral disc (722.4) (M50.30)
12. Degeneration of lumbar or lumbosacral intervertebral disc (722.52) (M51.37)
13. Depression (311) (F32.9)
14. Diarrhea (787.91) (R19.7)
15. Dyslipidemia (272.4) (E78.5)
16. Gait abnormality (781.2) (R26.9)
17. Gastroenteritis, acute (558.9) (K52.9)
18. GERD (gastroesophageal reflux disease) (530.81) (K21.9)
19. H/O echocardiogram (V15.89) (Z92.89)

Echocardiogram (10/30/2013): This showed an ejection fraction of 60-65% with trace mitral regurgitation. There was trace tricuspid regurgitation. There was no aortic insufficiency. There was trace pulmonic insufficiency. There was no pericardial effusion. Please see the dictated report for complete details.

20. H/O major depression (V11.8) (Z86.59)
21. Hypertension (401.9) (I10)
22. Insomnia (780.52) (G47.00)
23. Involuntary trembling (781.0) (R25.1)
- ✓ 24. Lumbar herniated disc (722.10) (M51.26)
- ✓ 25. Lumbosacral root lesion (353.4) (G54.4)
- * ✓ 26. Neck pain, musculoskeletal (723.1) (M54.2)
- * ✓ 27. Nerve pain (729.2) (M79.2)
28. Nonsustained ventricular tachycardia (427.1) (I47.2)
29. Paresthesias/numbness (782.0) (R20.9)
30. Prostate cancer screening (V76.44) (Z12.5)
- * ✓ 31. Right sided weakness (728.87) (R53.1)
- * ✓ 32. Tension type headache (339.10) (G44.209)
- * ✓ 33. Tremor (781.0) (R25.1)

Allergies

Medication

- Lunesta TABS

Recorded By: Curry, Patricia; 2/3/2016 10:58:11 AM

Current Meds

1. AmLODIPine Besylate 5 MG Oral Tablet; TAKE 1 TABLET DAILY FOR BLOOD PRESSURE
2. Aspirin 81 MG TABS; TAKE 1 TABLET DAILY
3. Atorvastatin Calcium 40 MG Oral Tablet; TAKE ONE TABLET BY MOUTH EVERY NIGHT AT BEDTIME
4. Benazepril HCl - 10 MG Oral Tablet; TAKE 1 TABLET DAILY
5. Fluticasone Propionate 50 MCG/ACT Nasal Suspension; USE 2 SPRAYS IN EACH NOSTRIL ONE TIME DAILY
6. Gabapentin 300 MG Oral Capsule; 1 to 2 tablets daily
7. HydroCHLOROthiazide 12.5 MG Oral Capsule; TAKE 1 CAPSULE DAILY
8. Nitrostat 0.4 MG Sublingual Tablet Sublingual; PLACE 1 TABLET UNDER THE TONGUE EVERY 5 MINUTES FOR UP TO 3 DOSES AS NEEDED FOR CHEST PAIN. CALL 911 IF PAIN PERSISTS
9. OxyCODONE HCl - 15 MG Oral Tablet; TAKE 1 TABLET EVERY 6 HOURS AS NEEDED FOR PAIN
10. Pantoprazole Sodium 40 MG Oral Tablet Delayed Release; TAKE 1 TABLET EVERY DAY
11. Sertraline HCl - 100 MG Oral Tablet; take 1 1/2 tablet by mouth daily

Ex 4.6.17 2-5

Patient: **Denver McFadden**
 Encounter: **Mar 5 2018 2:15PM**

MRN: **4202770**

9. Cervical root lesion (353.2) (G54.2)
10. Cough (786.2) (R05)
11. Degeneration of cervical intervertebral disc (722.4) (M50.30)
12. Degeneration of lumbar or lumbosacral intervertebral disc (722.52) (M51.37)
13. Depression (311) (F32.9)
14. Diarrhea (787.91) (R19.7)
15. Dyslipidemia (272.4) (E78.5)
16. Gait abnormality (781.2) (R26.9)
17. Gastroenteritis, acute (558.9) (K52.9)
18. GERD (gastroesophageal reflux disease) (530.81) (K21.9)
19. H/O echocardiogram (V15.89) (Z92.89)
 Echocardiogram (10/30/2013): This showed an ejection fraction of 60-65% with trace mitral regurgitation. There was trace tricuspid regurgitation. There was no aortic insufficiency. There was trace pulmonic insufficiency. There was no pericardial effusion. Please see the dictated report for complete details.
20. H/O major depression (V11.8) (Z86.59)
21. Hypertension (401.9) (I10)
22. Insomnia (780.52) (G47.00)
23. Involuntary trembling (781.0) (R25.1)
24. Lumbar herniated disc (722.10) (M51.26)
25. Lumbosacral root lesion (353.4) (G54.4)
26. Neck pain, musculoskeletal (723.1) (M54.2)
27. Nerve pain (729.2) (M79.2)
28. Nonsustained ventricular tachycardia (427.1) (I47.2)
29. Paresthesias/numbness (782.0) (R20.9)
30. Prostate cancer screening (V76.44) (Z12.5)
- * ✓ 31. Right sided weakness (728.87) (R53.1)
- * ✓ 32. Tension type headache (339.10) (G44.209)
- * ✓ 33. Tremor (781.0) (R25.1)

Allergies**Medication**

- Lunesta TABS
- Recorded By: Curry, Patricia; 2/3/2016 10:58:11 AM

Current Meds

1. AmlODIPine Besylate 5 MG Oral Tablet; TAKE 1 TABLET DAILY FOR BLOOD PRESSURE
2. Aspirin 81 MG TABS; TAKE 1 TABLET DAILY
3. Atorvastatin Calcium 40 MG Oral Tablet; TAKE ONE TABLET BY MOUTH EVERY NIGHT AT BEDTIME
4. Benazepril HCl - 10 MG Oral Tablet; TAKE 1 TABLET DAILY
5. Fluticasone Propionate 50 MCG/ACT Nasal Suspension; USE 2 SPRAYS IN EACH NOSTRIL ONE TIME DAILY
6. Gabapentin 300 MG Oral Capsule; 1 to 2 tablets daily
7. HydroCHLORothiazide 12.5 MG Oral Capsule; TAKE 1 CAPSULE DAILY
8. Nitrostat 0.4 MG Sublingual Tablet Sublingual; PLACE 1 TABLET UNDER THE TONGUE EVERY 5 MINUTES FOR UP TO 3 DOSES AS NEEDED FOR CHEST PAIN. CALL 911 IF PAIN PERSISTS
9. OxyCODONE HCl - 15 MG Oral Tablet; TAKE 1 TABLET EVERY 6 HOURS AS NEEDED FOR PAIN
10. Pantoprazole Sodium 40 MG Oral Tablet Delayed Release; TAKE 1 TABLET EVERY DAY
11. Sertraline HCl - 100 MG Oral Tablet; take 1 1/2 tablet by mouth daily
12. Xanax 0.5 MG Oral Tablet; TAKE ONE TABLET BY MOUTH TWICE DAILY

Exhibit 2-T

Patient: **Denver McFadden**
 Encounter: **Mar 5 2018 2:15PM**

MRN: **4202770**

Past Medical History

Problems

History of Depression, major, recurrent, moderate (296.32) (F33.1)

Dyslipidemia (272.4) (E78.5)

H/O echocardiogram (V15.89) (Z92.89)

Echocardiogram (10/30/2013): This showed an ejection fraction of 60-65% with trace mitral regurgitation. There was trace tricuspid regurgitation. There was no aortic insufficiency. There was trace pulmonic insufficiency. There was no pericardial effusion. Please see the dictated report for complete details.

Surgical History

Problems

History of Cardiovascular Stress Test

- Nuclear stress test (10/07/2013): This showed an ejection fraction of 62% with mild-to-moderate inferior wall ischemia. Please see the dictated report for complete details.

5/11/16 - Normal perfusion study. EF 71%.

Nuclear stress test (10/07/2013): This showed an ejection fraction of 62% with mild-to-moderate inferior wall ischemia. Please see the dictated report for complete details.

History of Cath Stent Placement

- Cardiac catheterization (10/11/2013): This revealed a left main that was normal. This revealed a left anterior descending artery with an 80% stenosis. This revealed a left circumflex artery with an 80-90% proximal first obtuse marginal lesion. This revealed a small codominant right coronary artery that was free of angiographically significant stenosis. The LAD was ultimately stented with a 3.0 x 28 mm XIENCE drug-eluting stent. There was transient occlusion of a small diagonal in this vessel with a type IV NSTEMI.
- 2. Cardiac catheterization (10/30/2013): The left main was normal. The LAD had 30% proximal narrowing. There was a 30-50% distal lesion. There was stent in the distal aspect of the mid portion that was widely patent. The first obtuse marginal had an ostial 30% narrowing. There was a 90% narrowing in the proximal portion of the first obtuse marginal. Remaining of the left circumflex artery had nonobstructive disease. The right coronary artery was codominant
- 1. Cardiac catheterization (10/11/2013): This revealed a left main that was normal. This revealed a left anterior descending artery with an 80% stenosis. This revealed a left circumflex artery with an 80-90% proximal first obtuse marginal lesion. This revealed a small codominant right coronary artery that was free of angiographically significant stenosis. The LAD was ultimately stented with a 3.0 x 28 mm XIENCE drug-eluting stent. There was transient occlusion of a small diagonal in this vessel with a type IV NSTEMI.
- 2. Cardiac catheterization (10/30/2013): The left main was normal. The LAD had 30% proximal narrowing. There was a 30-50% distal lesion. There was stent in the distal aspect of the mid portion that was widely patent. The first obtuse marginal had an ostial 30% narrowing. There was a 90% narrowing in the proximal portion of the first obtuse marginal. Remaining of the left circumflex artery had nonobstructive disease. The right coronary artery was codominant vessel that had no focal obstructive disease. The first obtuse marginal was stented with a 2.5 x 12 mm XIENCE drug-eluting stent.

History of Fistula-in-ano Repair

History of Knee Arthroscopy (Therapeutic)

Denver, McFadden, 792 86-054
Federal Correctional Institution Ashland
P.O. Box 6001
Ashland, Ky. 41105

RECEIVED
SDNY PRO SE OFFICE
JUN 11 2019 PM 12:57
S.D. OF N.Y.



USMP3
SDNY

Pro Se
one



79286-054
Courts Clerk Of
500 Pearl St
Southern Dist. NY US Ct.H
NEW YORK, NY 10007
United States



Legal Mail

